

APPLICATION FOR ELIGIBILITY FEDERAL SURPLUS PROPERTY PROGRAM

Dear Friend

The Federal Surplus Property Program was created by the U.S. Congress and is perhaps one of the finest examples of government at its best. It brings together every level of government to help expand the taxpayer's dollar.

This outstanding program actually expands the tax dollar by effectively extending the useful life of Federal surplus supplies and equipment for public good.

You are invited to fill out this application to help us determine your eligibility to participate in this outstanding program. It does take extra effort and some creativity on your part to use surplus property, but the savings are well worth that effort.

We look forward to being of service to you and we hope to see you often!

Kindest Regards,

Loretta L. Potter
Property Utilization & Marketing Officer

Please note: All applicable information must be filled in or provided or your eligibility determination may be delayed.

I. Legal Name and Address of Applicants Organization (PO and street address must be include).

County _____ Telephone _____ Fax _____

Email address _____ Federal tax ID number _____

Viewed Civil Rights Video _____ yes _____ no

www.fleet.utah.gov services/surplus/federal property/eligibility requirements/civil rights video

II. Donee/Organization Status (check A or B)

A. _____ PUBLIC AGENCY (including public schools)

B. _____ NON-PROFIT, Tax-exempt educational, health or homeless provider.

USASP Action Taken

_____ Approved
_____ Renewal
_____ Date

III. PUBLIC AGENCIES

A. Check Type

- ☐ City
- ☐ State
- ☐ Town
- ☐ School
- ☐ County
- ☐ Public School District
- ☐ Other _____

B. Provide a brief description of public program: _____

C. Cite the Law, Ordinance Agreement, etc., creating your agency:

D. Resident population of your jurisdiction and/or number of persons, patients, clients, inmates residents, students served daily through your program: _____

E. Total budgeted expenditures for last fiscal year: _____

F. Source of operating funds for last fiscal year. If more than one source, give percentage received from each:

- ☐ Local taxes _____
- ☐ Federal Grants _____
- ☐ State Taxes _____
- ☐ Other _____

G. Total Budget for current fiscal year: _____

H. Please submit a tax-exempt form.

IV. Nondiscrimination Assurance

_____ the donee, assures compliance with all requirements imposed by or pursuant to the regulations of the General Services Administration (41 CFR 101-6.2 and 101.8) issued under provision to Title VI of the Civil Rights Act of 1964, as amended; Title VI of the Federal Property and Administrative Services Act of 1949, as amended Section 504 of the Rehabilitation Act of 1973, as amended Section 303 of the Age Discrimination Act of 1975, and Title IX of the Education Amendments of 1972.

No person will be excluded from program participation or denied program benefits due to race, color, national origin, sex education or handicap.

Further, the donee agrees that this assurance obligates for the period during which it retains ownership or possession of property; that the United States shall have the right to seek judicial enforcement of this agreement; this agreement is binding upon the donee and its successors, transferors and assignees.

Signature of President/Chairman of the Board or comparable authorized official. *Date*

V. Resolution

Be it resolved that _____,
Name of designated representative *Title of designated representative*

Shall be and is hereby designated as the representative of _____
To secure the transfer to said applicant of surplus Federal property through the Utah State Agency for Surplus Property, under provisions of Section 203(j) of the Federal Property & Administrative Services Act of 1949, as amended, to obligate the applicant and its funds to the extent necessary to comply with the Terms & Conditions listed on the following page of this form.

Signature of designated representative

VI. Certification

I, _____, hereby certify that I am the _____ of
Name Title

The _____ of _____ and the foregoing is (1) a true and correct copy of the resolution adopted by the vote of a majority of said board present at a duly-convened meeting of said board on the _____ day of _____ 20____ at which a quorum was present, or (2) and executive action taken by me on the _____ day of _____, 20____.

Signature of President/Chairman of the Board or comparable authorized official

AUTHORIZED AGENTS AND THEIR SIGNATURES

DATE: _____

The following persons, whose signatures appear below, are authorized to acquire surplus Federal property through the Federal Property Assistance Program for:

Full legal name of applicant or donee: _____

Printed name, signature & phone contact

1. Print name _____
Signature _____
Contact phone _____

7. Print name _____
Signature _____
Contact phone _____

2. Print name _____
Signature _____
Contact phone _____

8. Print name _____
Signature _____
Contact phone _____

3. Print name _____
Signature _____
Contact phone _____

9. Print name _____
Signature _____
Contact phone _____

4. Print name _____
Signature _____
Contact phone _____

10. Print name _____
Signature _____
Contact phone _____

5. Print name _____
Signature _____
Contact phone _____

11. Print name _____
Signature _____
Contact phone _____

6. Print name _____
Signature _____
Contact phone _____

12. Print name _____
Signature _____
Contact phone _____

Other agents may be authorized to shop at the Utah SASP on a one-time basis by submitting a letter of authorization signed by the designated representative. Only the person designated by resolution on this form may authorize signers.

Signature of designated representative

NOTE: Each signer must read, sign and return the attached terms certification and agree to comply with it. Any new signers also must read, sign and comply with the terms.

USASP Action Taken

Approved

Renewal

Date

III. Non-Profit, Tax Exempt Health or Educational Institution

A. Check Type:

- ☐ College or University
- ☐ Secondary School
- ☐ Elementary School
- ☐ Preschool
- ☐ Program for Senior Citizens
- ☐ Radio/TV Station
- ☐ Medical Institution
- ☐ Health Center
- ☐ Sheltered Workshop Training Program
- ☐ Provider of Assistance to Homeless
- ☐ Child Care Center
- ☐ School for Handicapped
- ☐ Museum
- ☐ Library
- ☐ Hospital
- ☐ Other (*specify*) _____

B. Are you approved, accredited or licensed?

- ☐ Yes If yes by whom _____
- ☐ No

C. Has the applicant been determined to be non-profit and tax exempt under Section 501 of the US Internal Revenue Code of 1954?

- ☐ Yes If yes attach copy of certificate
- ☐ No

D. Check funding source and show percentage of total budget received from each source.

- ☐ Taxes _____
- ☐ Contributions _____
- ☐ Grants _____
- ☐ Other (*specify*) _____

E. Attach a brief narrative of description of your program.

(Include level of courses, enrollment, facilities, staff, number of persons served, hours open to public, or any other types of information that will help us to understand your program.)